Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_m._		8/25 00
O.I.P.E. CLASSIFIER		_12_	9/5
FORMALITY REVIEW		65418	10-5-00
RESPONSE FORMALITY REVIEW			1/14/01

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	...............................: Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	...............................: Restricted		O	.... Objected

Claim		Date									Claim		Date									Claim		Date								
Final	Original										Final	Original										Final	Original									
1	1										51											101									
2	2										52											102									
3	3										53											103									
4	4										54											104									
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	49										99											149									
	50										100											150									

If more than 150 claims or 10 actions
staple additional sheet here

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